



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN LIMITED LIABILITY COMPANY

State Form 49464 (10-00)

Approved By State Board Of Accounts 1999

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
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INSTRUCTIONS: Use 8 1/2" x 11" white paper for inserts.
Present original and two (2) copies to address in upper right corner of this form.
Please TYPE or PRINT.
Upon completion of filing, the Secretary of State will issue a receipt.

Indiana Code 23-18-11-4 et seq.

FILING FEE: \$90.00

This application cannot be accepted without an original certificate of existence duly authenticated by the proper authority from LLC's domiciliary state within the last sixty (60) days.

This application cannot be accepted unless a registered agent with an Indiana street address is listed in ARTICLE II.

APPLICATION FOR CERTIFICATE OF AUTHORITY OF

A FOREIGN LLC TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned manager or member of the above _____ LLC
(State of Domicile)
desiring to effectuate the admittance of the LLC to transact business in the State of Indiana, under the name of
_____ certifies the following facts:
(if using an assumed business name specify name above)

ARTICLE I: Name and Principal Office

Name of LLC (Must be identical to name shown in Articles of Organization and Amendments thereto)

Address of the principal office of LLC (Number and street, city, state and ZIP code)

ARTICLE II: Registered Office and Registered Agent

Name of the registered agent of the LLC

Indiana address of the registered office of LLC (Number and street, city, state and Zip code)

ARTICLE III: Date of Organization and Duration of Existence

Date of organization in domiciliary state

Expected period of duration listed in the Articles of Organization

ARTICLE IV: Management

- ☐ The Articles of Organization state that the LLC is to be managed by its members.
☐ The Articles of Organization provide for a manager or managers.

In witness whereof, the undersigned being the _____ of said LLC executes this
(Manager or member)

Application For Certificate Of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this

_____ day of _____, _____.

Signature

Printed name